

Registration Form

American Embassy Bamako, American Citizen Registration (17/09/04)

PLEASE FILL OUT THE FOLLOWING AS COMPLETELY AS POSSIBLE:

Surname

Given Name

NAME: _____

GENDER _____ PLACE OF BIRTH _____ DATE OF BIRTH _____ SS# _____

LOCAL FULL ADDRESS: _____

EMAIL: _____

PHONE / FAX:

Location (home, work, etc)

Number/Address

Type (phone/fax/)

-

-

LOCAL EMPLOYER & ADDRESS

PASSPORT INFORMATION: PASSPORT No _____

Date and place of issuance: _____

Approx. Departure Date: _____

Purpose: Tourism/Contract/Official/Missionary/Private

IN CASE OF EMERGENCY, NOTIFY (in US if possible) :

RELATIONSHIP: _____

Surname

Given Name

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ POSTAL _____ COUNTRY _____

PHONE: (h): _____ (w): _____

U.S. CITIZEN FAMILY MEMBERS RESIDING IN MALI WITH YOU

NAME	RELATIONSHIP	DATE OF BIRTH	PASSPORT No
------	--------------	---------------	-------------

_____	_____	____ _	_____
-------	-------	--------	-------

_____	_____	____ _	_____
-------	-------	--------	-------

_____	_____	____ _	_____
-------	-------	--------	-------

_____	_____	____ _	_____
-------	-------	--------	-------

_____	_____	____ _	_____
-------	-------	--------	-------

**ATTACHED COPY OF YOUR PASSPORT AND ANY FAMILY MEMBERS
HERE IN COUNTRY.**

American Embassy Bamako, American Citizen Registration (17/09/04)

Privacy Act Release Form

In accordance with the Privacy Act PL 93-579, the American Embassy cannot release information regarding you that is not considered to be in the public domain to anyone without your written consent. Therefore, please answer yes or no to the following questions OR check the last box:

- | | |
|---|---|
| <input type="checkbox"/> Provide information to family | <input type="checkbox"/> Provide info to Member of Congress |
| <input type="checkbox"/> Provide info to legal representative | <input type="checkbox"/> Provide info to any person requesting it |
| <input type="checkbox"/> Provide info to medical authorities | <input type="checkbox"/> Check here if you want no info released |
| <input type="checkbox"/> Provide info to the media | <input type="checkbox"/> to anyone |

Provide information to the following specific persons:

I do hereby authorize the Embassy of the United States of America at Bamako, Mali and the Department of State to release information as indicated in the foregoing.

Sign and Date:

Acknowledged : Consular Officer, American Embassy, Bamako Mali